



# UTAH STATE HOMELESS COORDINATION COMMITTEE'S

## Ten-Year Strategic Action Plan To End Chronic Homelessness



Draft #3  
(July 13, 2004)

## TABLE OF CONTENTS

Ending Chronic Homelessness in Utah . . . . .	2
State Homeless Coordinating Committee . . . . .	3
Vision Statement . . . . .	4
Homelessness: An Overview . . . . .	4
Core Tenets of the New Approach for Utah. . . . .	5
The State Homeless Coordinating Committee Strategic Plan . . . . .	10
Evaluation . . . . .	18
Glossary . . . . .	20

# **ENDING CHRONIC HOMELESSNESS IN UTAH**

## **Introduction and Purpose of Report**

In 2002, Lieutenant Governor Olene Walker signed a letter requesting Utah's participating in a federally funded "Policy Academy" training focusing on ending chronic homelessness in ten years. In May 2003, nine people from Utah representing the State Homeless Coordinating Committee attended the Policy Academy in Chicago. The nine attendees were: Kerry Bate, Bill Crim, Mark Manazer, Leticia Medina, Matt Minkevitch, Lloyd Pendleton, Mike Richardson, Jane Shock, and Robert Snarr. They accepted the assignment to prepare a ten-year plan to end chronic homelessness in Utah by 2014. The materials that comprise this report and plan set forth the broad and varied perspectives of the State Homeless Coordinating Committee and other stakeholders.

Addressing the issue of chronic homelessness is a national effort. President Bush has established a goal of ending chronic homelessness in ten years. As part of this, President Bush re-established the federal Interagency Council on Homelessness. The Department of Housing and Urban Development (HUD) has defined the homeless by the following categories:

1. Temporary – Those that stay for brief periods and do not return. This group consists of about 80% of the homeless and, based on national research; they consume about 32% of the resources devoted to support the homeless.
2. Episodic – Those that move in and out of the system on a fairly regular basis over time and consist of about 10% of the homeless. They consume about 18% of the resources devoted to support the homeless.
3. Chronic – Those that have been homeless for at least one year or those with a disabling condition who have experienced at least four episode of homelessness within three years. This group represents about 10% of the homeless. They, however, consume about 50% of the resources dedicated for supporting the homeless.

In addition to those defined as homeless by HUD, there are those "doubling up" by sleeping on the couches of family, friends, or strangers. These are not the focus of the ten-year plan focusing on the chronic homeless, but their

needs should be considered and addressed. Part of addressing their needs would be a study to determine the extent of this population.

The key to address chronic homelessness is a “housing first” strategy. This places a priority on providing persons experiencing homelessness a permanent place to live and the necessary support services to be successfully housed long-term. The focus of this report and recommended plan is on the needs of persons experiencing chronic homelessness. However, as the needs of individuals, youth, and families with children experiencing chronic homelessness are addressed, it is important to not lose focus on the needs of the broader homeless population and those who are at risk of homelessness. This plan is structured, and must be implemented, so the broader homeless situation is not made worse.

### **State Homeless Coordinating Committee**

The State Homeless Coordinating Committee (SHCC) was created in 1988 by the legislature and is comprised of gubernatorial-appointed members from a consortium of community organizations, private and public, not-for-profit and for-profit entities. The primary activities of the SHCC have been to coordinate and allocate funds for homeless programs. The SHCC endorses this ten-year plan and will be responsible for the implementation to end chronic homelessness by the end of 2014. With this new focus, the SHCC will develop detailed plans in conjunction with public and private providers and investors. The SHCC will coordinate housing and supportive services for those facing homelessness and oversee the HUD and state funding process. (See Attachment I)

# **UTAH'S PLAN TO END CHRONIC HOMELESSNESS**

## **Vision Statement**

Every person has access to safe, decent, and affordable housing with the needed resources and support for self-sufficiency and well being by 2014.

## **Homelessness: An Overview**

To be homeless is to be without a permanent place to live that is fit for human habitation. According to the United States Interagency Council on Homelessness, there are approximately 2 million homeless Americans during the course of a year. In Utah, a survey and analysis of homelessness in Utah has been conducted annually since 1991.<sup>1</sup> The most recent surveys were conducted March and July 2004. Key points from the March/July 2004 survey are as follows (See Attachment II for details):

- \_\_\_\_ persons were estimated to be homeless;
- \_\_\_\_ persons were estimated to be chronically homeless;
- \_\_\_\_ persons were staying in emergency shelters, transitional housing, or detox facilities;
- \_\_\_\_ persons were living on the streets or in other unsheltered locations;
- \_\_\_\_ children accompanied the persons surveyed;
- \_\_\_\_ reported living in shelter facilities as a child; and
- \_\_\_\_ persons of those surveyed reported they were employed full-time.

According to the U.S. Department of Health and Human Services, chronic homelessness is associated with extreme poverty, poor job skills, lack of educations, and serious health conditions, mental illness, and chemical dependency. In addition, the long-term homeless add significant costs to the community “crisis services.” Providing permanent housing and supportive services reduce “crisis services” costs. The evidence on reduced crisis service costs includes a study conducted by the University of Pennsylvania of supportive housing developments in New York City. This study calculated persons with mental illness experiencing long-term homelessness used an average of \$40,500 per year of shelter, corrections, and health services before being provided supportive housing. After supportive

---

<sup>1</sup> Funding for the survey is provided by the Department of Community and Economic Development

services, with housing the costs were \$12,145. Data from Minnesota also demonstrates savings. According to an April, 2003 report from Hennepin County, one supportive housing development resulted in a reduction of crisis costs of \$6,200 per family after a shift to supportive and preventive services.

Thousands of Utahns face homelessness each year. For those that are homeless, many utilize the publicly and privately funded system of shelters and supports designed to address homelessness. The Utah chronic homeless appears to mirror the results of the national studies of the homeless. The Road Home, the State's largest homeless shelter, which is located in Salt Lake City, studied the winter emergency shelter nights used by the homeless. There were 738,641 shelter nights provided to 10,266 individuals between July 1, 2000 to April 30, 20004. Of the 10,266 individuals, 1,120, or 11%, used 382,199 shelter nights, or 52%.

The current system and resources have proven inadequate to the challenge of significantly reducing, let alone ending, chronic homelessness. A new approach is needed.

## **Core Tenets of the New Approach for Utah**

The most effective solution to homelessness is to first, prevent it when possible and secondly, to provide affordable housing with the supports that make it sustainable for those who are homeless. The State's ten-year plan will focus on the following:

1. Preventing homelessness whenever possible;
2. Rapidly re-housing people when homelessness cannot be prevented;
3. Providing supportive services that promote housing stability and self-sufficiency;
4. Providing timely and accurate data measurement of results.

## **Two Five-Year Strategic Initiatives**

The State's ten-year plan to end chronic homelessness will be divided into two five-year strategies. The first five-year strategic plan will focus on the development and testing of the following:

1. Homeless prevention approaches, including effective discharge planning from public institutions (mental, penal, foster care, etc.);
2. Effective approaches for increasing affordable housing;
3. The expansion of effective supportive services; and
4. The development of results measurements and integrating into the homeless management information system.

The State Homeless Coordinating Committee will ensure the development of comprehensive cross systems strategies, such as linking those released from prison with housing agencies, that complement the above approaches plus incorporating the unique needs of rural and urban areas.

The second five-year strategic plan will be developed in detail by the State Homeless Coordinating Committee based on the results of implementation of the first five-year strategic plan. The second five-year plan will continue with the plan focus with an increased emphasis on a full implementation of the most effective methods.

### **First Five-Year Strategic Initiatives**

This phase of the plan outlines four strategic initiatives to begin the process of system change. These initiatives and their objectives form the agenda for change over the next ten years. Through them the following will be accomplished:

1. Expanding the range and availability of prevention strategies by:
  - a) Effective discharge planning for those coming out of prison, mental institutions, the foster-care system and other institutional settings; and
  - b) Effective supports so people do not lose their current housing.
2. Expanding the availability of affordable permanent housing; increasing its accessibility; and transitioning the existing tiered shelter system into a Housing First System;
3. Providing effective supportive services that ensure linkage to adequate mainstream and community resources; and
4. Implementing and using an effective management information system to report on results.

## Implementing the Plan

A shift as fundamental as the one describe in this plan – that entails a complete reorientation of the homeless service delivery system, the gradual redeployment of current resources, the generation of additional public and private resource, and significant cross-systems collaboration – requires an intentional implementation and changed management approach. To this end, the State Homeless Coordinating Committee has established five committees with membership of state holders addressing the following (see Attachment III):

1. Homeless Prevention – This committee is comprised of representatives from service agencies and those working with prisoners, mentally ill, and foster children. They will establish statewide guidelines; coordinate efforts to prevent homelessness by “closing the front door.” Four subcommittees have been established to develop detailed measurable action plans to:
  - a. Keep people in their existing housing;
  - b. Place released prisoners in housing;
  - c. Place those released from mental institutions in appropriate housing; and
  - d. Place aging out foster children into housing.
2. Affordable Housing – This committee is comprised of representatives from financial institutions, housing authorities, developers, providers and planners who will develop statewide guidelines and measurable actions for the identification, placement, funding and construction of \_\_\_\_\_ affordable housing units.
3. Supportive Services – This committee is comprised of representatives form homeless providers, case managers, Workforce Services, educators, researchers, legal, and substance abuse counselors who will identify, develop, and implement statewide best practices.
4. Information Systems – This committee is comprised of agency providers, researchers, businesses, and investors who will define statewide data collection and outcome measures.
5. Implementation Infrastructure – This committee is comprised of representatives from the seven state Associations of Governments, the League of Cities and Towns organization, planning commissions, mayors, county commissioners, and state officials.



Based on recommendations from these committees, priority action plans will be implemented. The State Homeless Coordinating Committee will hold its first statewide annual Homeless Summit October 18-19, 2004 to publicly announce the plan to end chronic homelessness by the end of 2014.

By working together every person can have access to safe, decent, and affordable housing with the needed resources and supports for self-sufficiency and well-being.

When your vision is crystal clear, taking action happens naturally.

-Thomas F. Crum, "The Magic of Conflict"

## Utah's Present System and Why it Needs to Change

The homeless shelter and service system in Utah has evolved over the past two decades to address the changing homeless population demographics. Currently there are approximately \_\_\_\_\_ temporary shelter beds in Utah reflecting a range of shelter models. This involvement has developed shelter facilities and transitional housing for both individuals and families that allow longer lengths of stay (some up to two years) in a services-enriched environment. The impetus for these more comprehensive shelter service models has been threefold. First, it has derived in part from the dramatic influx of families into the system that has occurred since the late 1980s. As families, particularly single female headed households increased among the percentage of the homeless it was apparent children in particular were ill suited to spend 12 hours each day on the city streets. Secondly, this shift in service philosophy has reflected a growing awareness of the cyclical nature of homelessness for many who experience it. The fact that many of those who became homeless were experiencing repeated and prolonged episodes of homelessness suggested that the basic needs approaches, while effective at protecting people from the difficulties of street life, were insufficient to truly move people out of homelessness. Finally, because of the difficulty for the homeless to access mainstream resources homeless service providers compensated by providing an increasing range of services such as mental health and on-site substance abuse intervention.

Over time, in the absence of responsive, affordable, permanent housing alternatives, this approach expanded to a residential service model designed to equip homeless households with the skills and resources to “succeed” in permanent housing. This has culminated in the evolution of a tiered system of care that moves those who are homeless through a succession of shelter programs designed to graduate them to permanent housing and self-sufficiency. (source)???

While this approach is logical on its face, it has ultimately proven ineffective for a variety of reasons. Not the least of these is the fact that a shelter-based response that aims to “fix” the individual factors contributing to a household's homelessness does little to address the larger structural causes of homelessness. Moreover, many of the problems faced by deeply impoverished households, such as lack of education and marketable skills, histories of trauma and domestic abuse, and serious disabilities, are not resolved in such a short amount of time and to the degree that would enable them to succeed in the competitive private housing market. Thus, many remain in the homeless service system for long time periods or leave only to return. To compound this issue, the services and supports tied to shelter

significantly diminish, or end, once the resident leaves the shelter. At the same time that shelter programs have become more service-intensive they have frequently adopted more demanding eligibility criteria and stricter program rules that have often effectively barred those households with the greatest needs.

“It is time to commit the multitudes of talents and resources that bless this nation to the task of providing appropriate support, and finding homes – permanent homes – for the chronically homeless.”

- Mel Martinez  
HUD Secretary

## **State Homeless Coordinating Committee First Five-Year Strategic Plan**

“Getting housed and staying housed” is a collaborative effort to end chronic homelessness outlined by a public-private framework for change. To end chronic homelessness in Utah by the end of 2014, there must be a dramatic shift in the current approach of addressing homelessness from a shelter-based strategy to a permanent housing-based strategy. This permanent housing-based strategy has four emphases:

1. Prevention efforts to forestall homelessness for those at imminent risk;
2. Rapidly re-housing those who are homeless (a Housing First approach) by increasing available, affordable housing;
3. Funding of supportive services that promote housing stability and self-sufficiency; and
4. Collecting and providing accurate data and measuring results.

### **Homeless Prevention**

It has long been argued the most effective strategy for addressing homelessness for those at imminent risk is to prevent its occurrence in the first place. Prevention efforts include strategies such as one-time or short-term rent or mortgage assistance, legal assistance programs, representative payee and direct payment programs, and housing placement services to name a few. This also includes more systemic strategies that seek to prevent homelessness by ensuring that people leaving institutions such as jails, prisons, foster care or treatment facilities are not discharged to the streets or shelter system. In addition, strategies that seek to forestall homelessness in cases of family crises such as domestic violence need to be included.

#### **First Five-Year Prevention Strategic Initiative**

Over the next five years, the State Homeless Coordinating Committee (SHCC) will increase resources directed to prevention efforts as the first line of defense in the strategy to combat homelessness. Through this initiative, the SHCC will expand the breadth of current efforts, increase their immediate accessibility, and improve their long-term effectiveness. These efforts will include the following:

1. Expanding the range and availability of prevention strategies by:
  - a. Better coordinating and expanding legal assistance and housing resources available for one-time, short-term, and transitional financial assistance to avert eviction.
  - b. Increasing access to permanent housing and services for person(s) leaving institutions.
2. Increasing timely access to prevention resources by:
  - a. Establishing a 24-hour prevention and referral hotline, coordinated with 211;
  - b. Increase the assessment, transportation, and prevention resources;
  - c. Improving and expanding staff assessment capabilities to quickly identify appropriate shelter alternatives and facilitate their access for persons at imminent risk of homelessness or who are homeless.
3. Improving the long-term effectiveness of prevention strategies by linking households assisted with prevention programs to ongoing community resources.
4. Reducing the number entering homelessness by closing the “front door” with effective discharge planning by:
  - a. Having the public institutions for mental health, penal, and foster care develop discharge approaches that prepares and ensures those being released have a home and a plan for self-reliance and support from either family or a community agency(ies).
5. Increasing the number of affordable housing units “opening the back door” by:
  - a. Having the funders, contractors, housing authorities and political authorities coordinate and streamline the process for new construction and remodeling of existing units.

## **Affordable Housing**

For those who are already homeless, the SHCC will employ a “Housing First” strategy. A Housing First approach seeks to assist a person(s)/family(ies) to exit homelessness as quickly as possible by placing them in permanent housing and linking to needed services. This approach assumes the factors contributing to a household’s homelessness can best be remedied once the household is housed. It also accepts, that for some, lifelong support may be required to prevent the reoccurrence of homelessness. Hence, it seeks to maximize utilization of mainstream resources, Home Medicaid, Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), Workforce Initiative Act (WIA), Food Stamps, housing subsidies, etc. But for most, the model seeks long-term self-sufficiency, promoted through supportive services.

For Utah, this approach requires a fundamental shift in shelter strategy. The shift would be from the current tiered system of shelters and transitional housing to placement in permanent housing. Interim housing would only be provided for the minimum time needed to access permanent housing. The initial services would be focused on an immediate and comprehensive needs assessment, resource acquisition (i.e., public benefits and other forms of assistance) and housing placement. Not only does the present system need to shift, but also the unique needs of rural and urban services will be incorporated.

Within this Housing First model, two core principles define permanent housing: choice regarding the location and type of housing, and no limit on the length of time the household can remain in the housing unit. The form of permanent housing will vary according to the needs and desires of each household. For some, permanent housing will mean a Safe Haven, eventually moving to a Single-room Occupancy (SRO) unit with on-site supportive services. For others, permanent housing will be an individual apartment unit with a temporary rent subsidy, monthly case management, and facilitated access to community supportive services. For still others, the type of permanent housing may change over time.

## First Five- Year Affordable Housing Strategic Initiatives

Over the next five years, the State Homeless Coordinating Committee will undertake three efforts simultaneously to ensure a successful Housing First approach. It must expand the availability of affordable permanent housing; increase accessibility; and transition the existing tiered shelter system into a Housing First system. This approach would include the following:

1. Expanding availability of affordable permanent housing by:
  - a. Constructing \_\_\_\_\_ affordable permanent housing units.
  - b. Creating new project-based permanent supportive housing units for persons with episodic and chronic homelessness.
  - c. Expanding permanent supportive housing subsidies for person with episodic and chronic homelessness who can live independently in market rate housing with appropriate supportive services.
  - d. Developing additional engagement housing, such as safe havens and harm reduction programs for those who need permanent housing, but work better with non-traditional service models.
  - e. Expanding transitional rent subsidies for households who can be placed in community-based permanent housing with integrated services, in which the tenant holds the lease or assumes the lease over the period of the transitional subsidy.
  - f. Developing and increasing the availability of appropriate permanent Housing First models for homeless youth.
2. Increasing accessibility of affordable permanent housing by:
  - a. Developing an affordable housing clearinghouse linking households in interim housing with appropriate market housing.
  - b. Expanding and increasing coordination of street outreach for persons who are homeless and not requesting services to provide assessment and linkage to engagement housing and permanent supportive housing.
3. Transition existing shelter system to a Housing First system by:
  - a. Developing standards for moving into permanent housing models that promote housing placement in the most suitable, least restrictive settings possible.
  - b. Directing that local public funding encourage existing shelter programs to transition to a Housing First approach.

## **Supportive Services**

In many respects, housing stability is a function of a household's ability to access fundamental resources and supports, when a crisis occurs, so the security of their housing is not threatened. For all of us, these supports include affordable healthcare with mental health and substance abuse services; skill and employment training leading to a livable wage employment and/or other income supports; and for families, childcare. These supports are even more critical for poor households, for whom a crisis often means choosing between addressing essential needs for housing, food, or medical care.

This State plan is dedicated to ensuring that households have access to a full range of resources and services to protect the stability of their housing. This will be accomplished through the implementation of increased supportive services approach. Supportive services refer to a comprehensive service provision model that provides integrated services needed by an individual or family through a cohesive, individualized service plan that guides all service provision. The plan will coordinate this service approach across all components of the State's homeless service delivery system – prevention, interim housing, and permanent housing using public and private funding.

Currently, service referral is a component of most homeless service provision, but in the absence of more active and integrated case management, referral-based case management often results in fragmented care. The implementation of an increased supportive services approach means that case managers, across agencies, will work together to develop one plan of action for each client. Each agency will contribute, according to its strengths and resources, to the support of the individual or family in achieving housing stability and long-term self-sufficiency. Because service intensity is determined based upon client need, this may also mean that initially an agency provides daily or weekly case management, which may shift to monthly or on-call assistance over an extended period. For some, services will always remain an integral part of the residential environment. For others, this support will be transitional, sufficient to ensure that employment and community-based resources, such as health care, schools, social services, civic organizations, and communities of faith, are secured.



## First Five- Year Supportive Services Strategic Initiatives

Over the next five years, this initiative will simultaneously strengthen community services and safety net systems for persons at-risk of homelessness and for those being re-housed. This will be accomplished by providing transitional services linking these community resources and increasing the availability and awareness of community supports. The actions will include the following:

1. Ensuring linkage to available community resources by:
  - a. Expanding the provision of community-based management services that embody expansive supportive services approach.
  - b. Developing systems integrating strategies between Housing First and mainstream service, such as public entitlements (TANF, Medicaid, Social Security, and Food Stamps), employment training and placement, public health, community mental health, and substance abuse.
2. Increasing the availability and awareness of community supports by:
  - a. Identifying alternative resources to fund targeted supportive services for persons with severe and persistent disabilities placed in permanent supportive housing.
  - b. Implementing follow-up strategies to work with households assisted with basic prevention strategies to increase their housing stability and reduce their future risk of homelessness.
  - c. Developing a broadly disseminated community education program on various factors that contribute to homelessness and methods to mitigate their impact. For example, a campaign on the cycle of violence could promote options for addressing spousal abuse, elder abuse and other forms of domestic violence to keep the person(s) housed.

## **Management Information System**

The initiatives described above will require an underlying system-level infrastructure of reporting accurate data in order to be effective and efficient. To support the planned activities for each of the initiatives the following will be undertaken:

- a. Continue developing and implementing a statewide homeless management information system that collects data about the homeless and services provided. This will include assessed needs, case management, and the results of the service delivery. The affordable

housing clearinghouse can also be seamlessly linked with the homeless management information system.

- b. Consolidate housing assistance resources to support prevention, housing placement, and long-term supportive services.

### **Implementation Infrastructure**

The State homeless plan will be implemented by the various political jurisdictions working closely within and across county/city authorities serving the homeless population.

### **How is the Getting Housed, Staying Housed Model Different?**

Under the Getting Housed, Staying Housed model, current agencies in Utah's homeless service system will need to redefine how services will be provided and how they will evolve as service providers. Some existing shelter providers may choose to shift their shelter program model to the new interim housing model by offering short-term residential care with 'Housing First'-oriented services, such as comprehensive needs and resource assessment, permanent housing placement and community service linkage. Others may move away from residential programs and provide permanent community-based supportive services, and still others may shift their operations to provide permanent supportive housing. This housing and service system shift will be challenging – it will require agency and program-level reorganization, board and staff training, and deliberate system-level change management. To be successful, it will require a committed public and private partnership to reallocate and increase resources. Finally, it will require significant systems integration efforts to coordinate and network services at all levels – client, agency, neighborhood and system.

The difference between the existing service approach (Figure 1) and the new Getting Housed, Staying Housed approach (Figure 2) are conceptually diagrammed below.

Figure 1: Traditional Shelter Model

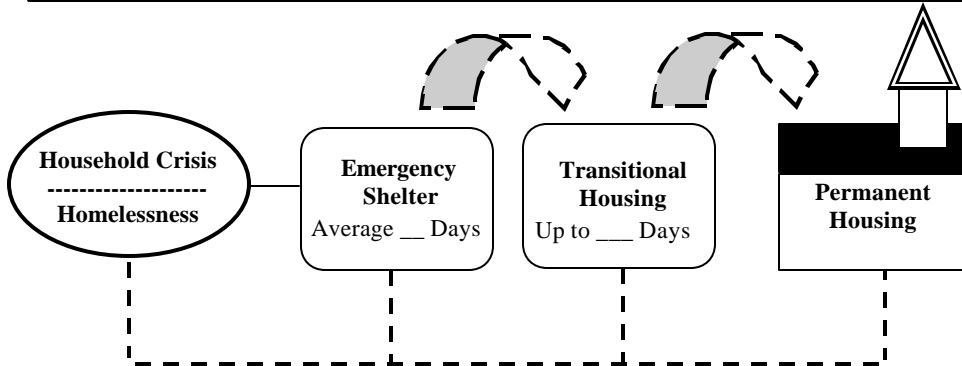
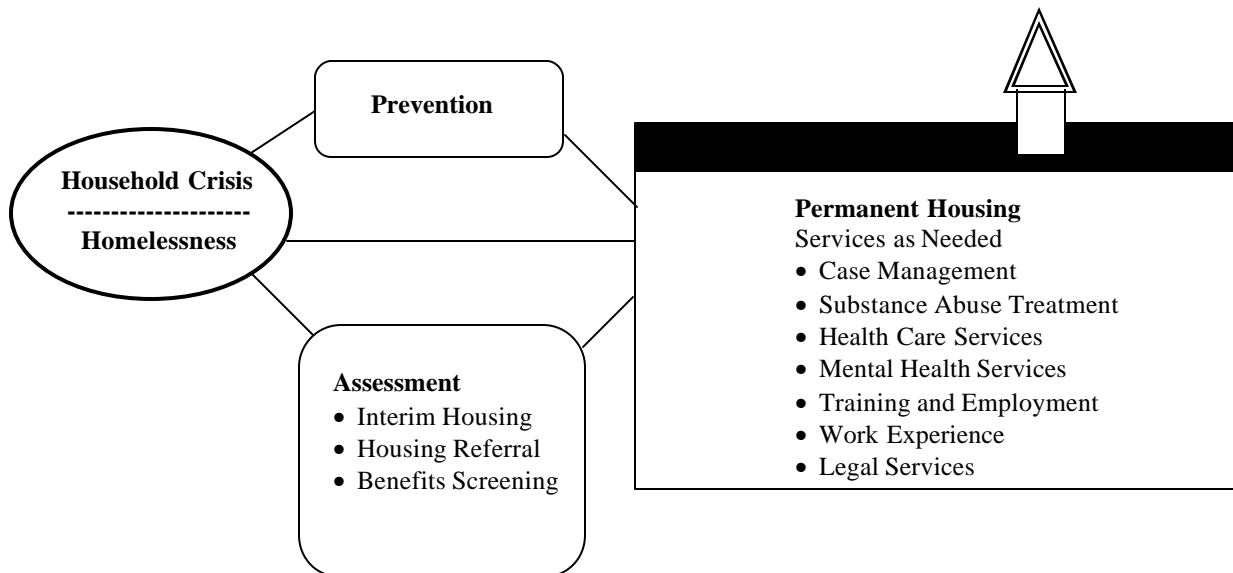


Figure 2: Getting Housed, Staying Housed Model



## **Evaluation**

Evaluation will be an important part of the plan implementation. Each action will delineate specific benchmarks and outcome measures as a framework to gauge progress and report to policymakers and funders. Key to the evaluation effort will be the continued development of the homeless management information system, which will provide a way of understanding how people who are homeless use the system of services, and the impact of these services in promoting housing stability and self-sufficiency. The homeless information system will also collect data to generate point-in-time and longitudinal counts of homelessness in Utah.